

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10621400
APPLICANT(S)

FILING DATE 07-21-23

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9	1	2				
10	1					
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TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	19					

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